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Tanzania

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

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Adults & Adolescents

Year Issued:

2014

Reference:

Tanzania ART Guidelines

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None indicated

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

For patients with no history of TB treatment:

- All HIV positive individuals with no signs or symptoms suggestive of active TB are eligible for IPT.

For patients with history of TB treatment:

- Patients who had active tuberculosis in the past 2 years should not be considered for preventive therapy.
- Patients who were treated for tuberculosis more than 2 years earlier may be considered for IPT because they may have already been re-infected with TB.
- Patients who receive IPT and who are eligible for antiretroviral therapy can complete their TB preventive therapy even if ART is started as there is no interaction between Isoniazid and the current ART regimen used. Dosage:
 - Isoniazid: 300 mg daily for 6 months

- Pyridoxine: 25mg daily until neuropathy subsides

Criteria for Starting: ARV 1st Line Regimen:

ART should be initiated for all people living with HIV with active TB disease irrespective of CD4 cell count.

TB treatment should be started first, followed by ART as soon as possible, within the first 2 weeks of starting TB treatment.

TDF+3TC+EFV - The regimen is useful in TB/HIV, HIV/HBV coinfection.

ARV 2nd Line Regimen:

Not indicated

Children

Year Issued:

2014

Reference:

Tanzania ART Guidelines

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

In order to prevent active TB, children should be considered for IPT as follows:

- All newborns with no symptoms of active TB disease that are born to mothers with active TB disease.
- All HIV-infected children less than 12 months with no symptoms of active TB disease and with a known TB contact.
- All HIV-infected children who are 12 months or older with no symptoms of active TB disease.

Dosage:

- Isoniazid: 10 mg/kg (10-15 mg/kg) daily for 6 months
- Pyridoxine: 1-2 mg/kg daily until neuropathy subsides

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

In order to prevent active TB, children should be considered for IPT as follows:

- All newborns with no symptoms of active TB disease that are born to mothers with active TB disease.
- All HIV-infected children less than 12 months with no symptoms of active TB disease and with a known TB contact.
- All HIV-infected children who are 12 months or older with no symptoms of active TB disease.

Dosage:

- Isoniazid: 10 mg/kg (10-15 mg/kg) daily for 6 months
- Pyridoxine: 1-2 mg/kg daily until neuropathy subsides

Criteria for Starting: ARV 1st Line Regimen:

Younger than 3 years

For HIV infected infants and children younger than three years old:

- ABC + 3TC + AZT is recommended regimen as an option for children who develop TB while on an ART regimen containing NVP or LPV/r.

Once TB therapy has been completed, this regimen should be stopped and the initial regimen should be restarted.

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